

## **New Hampshire**Department of Revenue Administration

### **MS-10**

#### REPORT OF COMMON TRUST FUND INVESTMENTS

For the period ending:	
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This form is due March 1st (Calendar Year) or September 1st (Fiscal Year)

#### **Instructions**

A hard copy of this form, as well as the signature page, must be sent to:

Department of Justice

Office of the Attorney General 33 Capitol Street

Concord, NH 03301-6397

#### **Cover Page**

- Select the Municipality name from the pull down menu
- Enter the entities contact information
- Enter the preparer's information

#### Reporting:

- Please complete all fields as necessary for the Report of the Common Trust Funds Investments, For the Year Ending
  - , and *Principal Only* sections

#### **NH DRA Municipal and Property Division**

Phone: (603) 230-5090 Fax: (603) 230-5947

http://www.revenue.nh.gov/mun-prop/

ENTITY'S INFORMATION	
Municipality:	County:
PREPARER'S INFORMATION	
First Name	Last Name
Street No. Street Name	Phone Number
Email (optional)	

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# New Hampshire

Department of Revenue Administration

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# of Shares or Other Units  (Names of Banks, Stocks, Bonds, etc.)  Put * by any de-listed securities held pursuant to RSA 31:25-a & explain.  Explanation for de-listed securities held pursuant to RSA 31:25-a  Balance Beginning of Year  Purchases  Cash Capital Gains  Cash Capital Gains  Balance End of Year  Balance End of Year  Income During Year  Income During Year  Balance But of Year  Income During Year  Balance But During Year  Income During Year  Balance But During Year		
(Names of E Put * by an held pursu held pur Balan Gai		
Explanation for de-listed securities held pursuant to RSA 31:25-a & explain.  Explanation for de-listed securities held pursuant to RSA 31:25-a held pursuant to		
Explanation for de-listed securities held pursuant to RSA 31:25-a held pursuant to RSA 31:25-a  Balance Beginning of Year  Cash Capital Gains Proceeds from Sales Gains/Losses from Sales Balance End of Year  Balance Beginning of Year Income During Year Income During Year		
Balance Beginning of Year  Purchases  Cash Capital Gains Proceeds from Sales  Gains/Losses from Sales  Balance End of Year Income During Year Income During Year		
Cash Capital Gains Proceeds from Sales Gains/Losses from Sales Balance End of Year Income During Year Income During Year		
Cash Capital Gains Proceeds from Sales Gains/Losses from Sales Balance End of Year Balance Beginning of Year Income During Year		
Proceeds from Sales  Gains/Losses from Sales  Balance End of Year  Balance Beginning of Year  Income During Year  Income During Year		
Gains/Losses from Sales  Balance End of Year  Balance Beginning of Year  Income During Year		
Balance End of Year  Balance Beginning of Year  Income During Year		
Balance Beginning of Year Income During Year		
Income During Year		
200 Section Charles		
Experimen During Teal		
Balance at End of Year		
Grand Total Principal & Income End of Year		



# **New Hampshire**Department of Revenue Administration

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Principal Or	nly for the Perio	od Ending			
Fund No.	Beginning	of Year Fair Value	Unrealized Annu	al Gains	End of Year Fair Value
1					
2					
3					
4					
5					
Fees and Exp	penses paid for	Professional Banking ar	nd/or Brokerage Assistance	(RSA 31:38-a, IV) for th	ne Period Ending
		Entity 1	Entity 2	Entity 3	Entity 4
	k, Brokerage Firm, vestment Adviser				
	Fees Paid				
	Expenses Paid				

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# **New Hampshire**Department of Revenue Administration

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<ol> <li>CERTIFY THIS FORM         Under penalties of perjury, I declare the of my belief it is true, correct and com     </li> </ol>	hat I have examined the information contained in this form an aplete.	d to the best	
Preparer's First Name	Preparer's Last Name Dat	Date	
2. SAVE AND EMAIL THIS FORM Please save and e-mail the completed	d PDF form to your Municipal Services Advisor.		
	FORM PRINTED, SIGNED, SCANNED, and UPLOADED onto the Municoptax.org/nh/. If you have any questions, please contact you		
<b>TRUSTEE CERTIFICATION</b> Under penalties of perjury, I declare the of my belief it is true, correct and com	hat I have examined the information contained in this form an aplete.	d to the best	
Trustee of Trust Funds Signature	Trustee of Trust Funds Signature		
Trustee of Trust Funds Signature	Trustee of Trust Funds Signature		
Trustee of Trust Funds Signature	Trustee of Trust Funds Signature		
Trustee of Trust Funds Signature	Trustee of Trust Funds Signature		
Trustee of Trust Funds Signature	Trustee of Trust Funds Signature		
Trustee of Trust Funds Signature	Trustee of Trust Funds Signature		
	Trustee of Trust Funds Signature		
Per RSA 31:38, copies of this report must also be provided	od to the governing body of the municipality and to the Attorney General of Department of Justice Office of the Attorney General 33 Capitol Street Concord, NH 03301-6397	at the following address:	

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